

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/224388 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			X			
2			X			
3			X			
4			X			
5			X			
6			X			
7			X			
8			X			
9			X			
10			X			
11			X			
12			X			
13			X			
14			X			
15			X			
16			X			
17			X			
18			X			
19			X			
20			X			
21			X			
22			X			
23			X			
24			X			
25			X			
26			X			
27			X			
28			X			
29			X			
30			X			
31			X			
32			X			
33			X			
34			X			
35			X			
36			X			
37			X			
38			X			
39			X			
40			X			
41			X			
42			X			
43			X			
44			X			
45			X			
46			X			
47			X			
48			X			
49			X			
50			X			
TOTAL IND.	2		3			
TOTAL DEP.	4		13			
TOTAL CLAIMS	6		16			

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUSTMENTS

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